

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Osage

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson City (No. 1)

File No. 17619

Registered No. 152

St. Jefferson Ward 5

2. FULL NAME John Frederick Tschappeler

(a) Residence, No. 1 St. Jefferson Ward 5

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Louise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friedrichsburg, Missouri

13. NAME Samuel Tschappeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Karlsruhe, Missouri

15. MAIDEN NAME Earnestine Analt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edgar S. Tschappeler (ADDRESS) Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedrichsburg DATE 5-11 A.M. 1941

19. UNDERTAKER Arnold Hummel (ADDRESS) Marion, Mo.

20. FILED 578 1941 Sub. Be. of rel. M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1941

22. I HEREBY CERTIFY That I attended deceased from April 24, 1941, to May 7, 1941

I last saw him alive on May 7, 1941. Death is said to have occurred on the date stated above, at 10:06 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Gangrenous Appendicitis Date of onset 4-23
General Peritonitis 4-23
Intestinal Obstruction 5-1
Hemorrhage from enterostomy 5-6

Other contributory causes of importance: Acute pyelonephritis (left) 5-3

Name of operation Removal of appendix Date of operation 5-3

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____ (Signed) Jefferson M.D., M.D.

(Address) Jefferson City, Mo.

Exact statement of OCCUPATION is very important

26
5

10/10/10

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17610

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Colo
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John Frederick Ischopler
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 8 27 hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5/8/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Fredericksburg, Mo
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 7
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature H.W. Masey (M. D. or other).....

Address Jefferson City Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-17610